

Hudson, R.H.

An evaluation of the background in health education of
secondary school teachers as compared with the
background expected by parents

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THESIS

AN EVALUATION OF THE BACKGROUND IN HEALTH EDUCATION
OF SECONDARY SCHOOL TEACHERS AS COMPARED WITH THE
BACKGROUND EXPECTED BY PARENTS

Submitted by
Ralph Herbert Hudson
(B.S. in Ed., Boston University, 1948)

In partial fulfillment of the requirements
for the degree of Master of Education

1949

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AN EVALUATION OF THE BACKGROUND IN HEALTH EDUCATION
OF SECONDARY SCHOOL TEACHERS AS COMPARED WITH THE
BACKGROUND EXPECTED BY PARENTS

CHAPTER I

STATEMENT AND BACKGROUND OF THE PROBLEM

Introduction.

The importance of Health and Health Education in the school curriculum is being more and more emphasized by leading educational authorities. Gradually, we have come to recognize that good health and health habits are basic to educational achievement. Further, we recognize today that the provision of a healthful school environment, or the lack of it, has a great influence on the educational achievements of pupils. This concept makes the whole child the school's responsibility, not just his mind. From this point of view, health and health education become part of every classroom regardless of the subject taught, and every teacher has responsibilities toward providing a healthful school environment.

It must be admitted that many of the physical handicaps to learning, both in the individual and the environment, are beyond correction by the teacher, but it is important that she recognize them and make adjustments

inssofar as possible. Chenoweth and Selkirk^{1/} state that the teacher holds the key position in the Mental Hygiene Program. They state further that the teacher is supposed to teach subject matter but is involved in child nature and its understanding. Thus, we have come to recognize that the teacher's responsibility does not end with the presentation of facts or with a formal type of obedience. The end product sought today is responsible citizenship, which means a sound mind in a sound body.

This study will attempt to determine how well our secondary school teachers are prepared by their academic background to provide for the day-by-day healthful school living of pupils. It will further attempt to determine what health background parents expect the teachers to possess. The data will be analyzed in both cases, and compared, to determine to what extent the teacher's background meets the background expected by parents.

Purpose.

The purpose of this thesis is to secure information as to the present background in health education of secondary school teachers and to evaluate their present background in

^{1/} Chenoweth and Selkirk, School Health Problems, F. S. Crofts & Co., New York, 1947, pp. 292-3.

terms of the background parents expect, as a means of determining its adequacy. A further purpose is to show possible omissions in the curriculum of teacher training institutions.

Scope.

One hundred secondary school teachers were asked to fill out the questionnaire. They were selected at random from teacher rosters in schools visited, or by other types of random contact. Health and Physical Education teachers were eliminated.

The parents were selected from a list of parents secured from teachers filling out the questionnaire. A total of sixty parents filled out the questionnaire.

Justification.

The Commission on the Reorganization of Secondary Education^{1/} states that to discharge the duties of home life and benefit from leisure, one must have good health. Further, that health is essential to the vitality of the race and the defense of the nation. Therefore, health education is fundamental. The same Commission made Health the first cardinal principle of education. Hence, the health of the pupils may be considered fundamental to all the activities

^{1/} Commission on the Reorganization of Secondary Education, "Cardinal Principles of Secondary Education," Bureau of Educational Bulletins, No. 35, 1918.

of the school. There is much evidence showing that this is not true in practice, even when considered in the light of the former interpretation of health, which was the absence of disease. When one considers the present interpretation of health which Turner^{1/} defines as "that complete fitness of body, soundness of mind, and wholesomeness of emotions which make possible the highest quality of effective living and of service," there is even more conclusive evidence that this is true. This definition makes health a fundamental part of every teacher's classroom, regardless of the subject taught in the classroom. The National Education Association^{2/} expresses this principle as follows:

Every high school teacher has a share in the responsibility for the health of her students and she should be trained to meet this responsibility adequately.

This is true because human personality must be considered in the aggregate and not as separate entities.

Child development is the business of all teachers, whether or not they recognize the fact. As Hockett^{3/} expresses it,

^{1/} C. E. Turner, School Health and Health Education, C. V. Mosby Co., St. Louis, 1947, p. 24.

^{2/} Joint Committee, National Education Association, American Medical Association, Health Education, National Education Association, Washington, D. C., (Rev.) 1941, p. 303.

^{3/} R. M. Hockett (Ed.), Teachers' Guide to Child Development, Calif. State Printing Office, Sacramento, 1930, p. 1.

For children will always grow, in the sense that they become different from the individuals they were at an earlier stage, in spite of schools, homes, good or bad conditions surrounding them. They will grow toward one sort of adulthood or another. It is because we have assumed the need for guiding this growth that schools have been organized and teachers appointed. The word development implies growth toward certain desirable goals.

The teacher, in guiding pupils in growth toward desirable goals, must have an understanding of what growth implies and the factors that influence it both positively and negatively. Carmichael^{1/} states that in the guidance and training of children, society is modifying the context in which the child develops. Thus, the teacher's positive modification of the context will be limited to the extent of her understanding of the factors that will result in the type of health defined by Turner.^{2/}

Kingsley^{3/} states that the teacher should be guided by the mental hygiene point of view. The emotional tone of the classroom is one of the most neglected factors in education. It has been clearly established that it interferes with the ability to think clearly, and thus to learn; also, it is likely to be reflected in physical functioning. This may further influence sleeping habits and thus add fatigue

^{1/} L. C. Carmichael, et al, Manual of Child Psychology, John Wiley & Sons, Inc., New York, 1946, p. 5.

^{2/} C. E. Turner, loc. cit.

^{3/} H. L. Kingsley, The Nature and Conditions of Learning, Prentice-Hall, Inc., New York, 1946, p. 414.

to tension.^{1/} Hence, the teacher can only begin to deal with the day-to-day healthful living of students when guided by the mental hygiene point of view and an understanding of the factors that produce emotional stress; or, stated another way:

Education is life. Today the school represents a center of child guidance in living. This guidance is concerned with the growth and development of the whole child. It must, therefore, be concerned with all the factors in his environment which may exert influence on his growth and development. If unity of living is to be preserved for children, education must aim to modify daily living for children, not only during the hours spent in school, but also during the hours spent outside the school, in the home and community.^{2/}

Hence, the study is justified because all teachers should be conscious of the health purposes of education and the necessity for their participation in achieving these purposes.

A further justification of this study is the lack of research. No other thesis of this type could be found in the usual sources. The only related study found was: "A Study of the Health Knowledge of Elementary School Teachers" by Joseph W. Moran, Michigan, 1940.

1/ M. E. Breckenridge and E. L. Vincent, Child Development, W. B. Saunders Co., Philadelphia, 1943, p. 62.

2/ Joint Committee, National Education Association, American Medical Association, op. cit., p. 34.

Definition of Terms.

To facilitate interpretation of this thesis, the following terms are defined:

Health education is used in its broader sense, i.e., as a factor in the development and maintenance of the health of the individual, and the group reaches far beyond the community to include state, national and international health. It involves habits, attitudes, practices, appreciations of health and healthful living so far as they are related to and affect the health of the world. It should not be confused with "health instruction," which is a part, but only one phase, of health education.

Health education background is herein defined as having come through health content, related health, safety or professional health courses taken in secondary schools, colleges, universities, university extension courses, etc.

Health is defined as "that complete fitness of body, soundness of mind, and wholesomeness of emotion which makes possible the highest quality of effective living and of service."^{1/}

Growth and development is defined as that integrated type, including physical, mental, emotional development, resulting in the kind of person who has the type of health defined above.

^{1/} C. E. Turner, loc. cit.

Mental health is defined as wholesome habits of dealing with annoying and troublesome situations.

Healthful school living is defined as including the plans, procedures and activities involved in the provision of conditions within the school which are most conducive to the maintenance of optimum health on the part of students and personnel. . It includes a wholesome and favorable environment, school organization for healthful school living, satisfactory pupil relationship, ample relaxation and recreation, and a safe school environment.

Summary.

This brief background states the purpose of the study, which is to evaluate secondary school teachers' backgrounds in health education in terms of the backgrounds expected of them by parents, and further, to show possible curriculum omissions by teacher training institutions. One hundred teachers from various secondary schools were contacted to secure information as to their present backgrounds. Sixty parents were contacted, the names being selected from a list of names secured from the teachers. The study is justified because of the teacher's responsibility to the health purposes of education, and the lack of any previous studies. To facilitate interpretation, the terminology is herein defined.

CHAPTER II

ANALYSIS OF DATA

Introduction.

For the purposes of this study, the field of Health was divided into course areas. Such courses as relate to personal health and personal health knowledge were grouped under the title "Basic Health Content Courses." Those with health implications were listed under the title "Related Health Courses." Professional health courses were listed under the heading "Professional Health Education." Safety Education, which is closely related to Health and usually taught in conjunction with it, was listed under the title "Safety Education." Provision was made in each case for courses with different titles from those on the questionnaire by including the word "Other" under each grouping. Provision was also made on the questionnaire for indicating at what stage of the teacher's preparation the courses were taken, i.e., high school, college undergraduate, college graduate, and others such as university extension, etc.

The questionnaire was given to one hundred (100) teachers. In each case, a personal contact was made. Thus, a 100% return was obtained.

The questions on the questionnaire for parents were drawn to cover the areas of preparation included in the

teachers' questionnaire. A list of parents' names was obtained from the teachers interviewed, and sixty of them, selected at random, were asked to fill out the questionnaire. In each case a personal contact was made and a 100% return obtained. It was made clear to the parents that they were checking for general health knowledge of all teachers with the exception of health teachers. The sampling was made in Medford, Reading and North Reading, Massachusetts, and Barre, Vermont. From the data obtained, tables were drawn for analysis and comparison.

Present Background of Teachers.

Basic Health Content Courses. Table I shows the teachers' backgrounds in "Basic Health Content Courses" which relate to personal health and personal health knowledge. The table shows the number of teachers taking each course, at what stage of the teacher's preparation the course was taken, both the total hours taken by all teachers and the average number of hours per teacher, and the percentage of the total taking the course.

Examination of Table I on the High School level shows that 34 teachers had a course in Personal Hygiene, but in only one other instance does the number of teachers taking any of the courses exceed five. The range of total hours taken is from 0 to 34, while that of the average number of hours for each of the teachers is from 0 to .34 hours per teacher. At the College Undergraduate level the largest number taking any course was 14 in the case of Personal Hygiene, and the smallest number taking any course was 2

TABLE I

BASIC HEALTH CONTENT COURSES TAKEN BY THE ONE HUNDRED TEACHERS
ANSWERING THE QUESTIONNAIRE

	High School			College Undergraduate			College Graduate			Other Preparation			Total %		
	No.	Hrs.	Ave. Hrs. %	No.	Hrs.	Ave. Hrs. %	No.	Hrs.	Ave. Hrs. %	No.	Hrs.	Ave. Hrs. %			
Anatomy	1	1	.01	1	8	.24	8	1	3	.03	1	3	.03	1	11
Physiology	9	9	.09	9	8	.22	8	3	9	.09	3	0	0	0	19*
Nutrition	0	0	0	0	5	.15	5	0	0	0	0	0	0	0	5
Personal Hygiene	34	34	.34	34	14	.25	14	0	0	0	0	0	0	0	46*
Community Hygiene	3	3	.03	3	5	.95	5	1	3	.03	1	0	0	0	9
Sanitation	0	0	0	0	3	.07	3	1	3	.03	1	0	0	0	4
Health Education	2	2	.02	2	9	.17	9	0	0	0	0	1	3	.03	11*
First Aid	0	0	0	0	5	.11	5	0	0	0	0	60	Red Cross	60	64*
Home Economics	3	3	.03	3	5	.24	5	0	0	0	0	1	3	.03	18*
Others	0	0	0	0	2	.04	2	0	0	0	0	0	0	0	2

*-Totals corrected for duplication of courses.

listed under "Others." The range of total hours taken is from 25 for Personal Hygiene to 4 for courses under "Others." The average for each of the hundred teachers has a range from .25 hours to .04 hours. At the graduate level three teachers was the greatest number taking any of the courses, and in six instances none of the courses were taken by any of the teachers. The range of total hours taken is from 9 hours to 0 hours. The average number of hours for each of the one hundred teachers has a range of .03 hours to 0 hours. Under "Other Preparation," 60 of the teachers had a Red Cross course in First Aid. Otherwise, 3 teachers is the greatest number of teachers taking any of the courses. The range of total hours is from 3 to 0. The average number of hours has a range from .03 hours to 0 hours.

Only in the case of Personal Hygiene, which 34% took, did the percentage of teachers taking these courses in High School exceed 10%. While the percentage of teachers taking Personal Hygiene is relatively high as compared with the others, in each case it was merely a one-hour course.

In the College Undergraduate area, again only the number taking Personal Hygiene exceeded 10%, and its percentage has dropped to 14%.

When the College Graduate level is examined, a total of only six teachers have taken any of the courses, and these in four different areas.

Under Other Preparation, the only indication of other than token preparation is First Aid. In this case, it was a Red Cross course in each instance, taken almost one hundred percent during the war.

Examination of the total percentage of teachers taking the courses at some stage of their development shows that 11% of the total have taken Anatomy, 19% Physiology, 5% Nutrition, 46% Personal Hygiene, 9% Community Hygiene, 4% Sanitation, 11% Health Education, 64% First Aid, 8% Home Economics and 2% Others.

Related Health Courses. Table II shows the teachers' backgrounds in "Related Health Courses," which are courses having health implications if these are pointed out and related to health. The table shows the number of teachers taking each course, at what stage of preparation the course was taken, both the total hours taken by all teachers and the average number of hours per teacher, and the percentage of the total taking the course.

Examination of Table II at the High School level shows 40 teachers taking a course in General Science. In only one other instance, Biology, were any of the courses taken. The range of total hours is from 40 hours to 0 hours. The average number of hours for each of the one hundred teachers has a range from .40 hours to 0 hours. At the College Undergraduate level the greatest number taking any

RELATED HEALTH COURSES TAKEN BY THE ONE HUNDRED TEACHERS ANSWERING THE QUESTIONNAIRE

*-Totals corrected for duplication of courses.

of the courses was 26, in the case of Biology, and the smallest number was 2, taking courses listed under "Others." The range of total hours is from 96 to 6. The average number of hours for each of the one hundred teachers has a range from .14 hours to 0 hours. At the Graduate level, the greatest number of teachers taking any of the courses was 5 and the smallest number 0. The range of total hours is from 15 to 0. The average number of hours for each of the one hundred teachers has a range of .15 hours to 0. In only one instance were any of the courses taken under "Other Preparation," this being Child Growth and Development, taken by three teachers for a total of 9 hours and an average for each of the one hundred teachers of .09 hours.

In only two instances were these courses taken in high school - Biology and General Science. 40% had a one-hour course in General Science.

At the undergraduate level, all the courses were taken by some of the teachers, but in only two instances did they exceed 10% - Biology and General Science.

At the graduate level, 3% had a course in General Science, 5% in Child Growth and Development, and 1% Other.

Under "Other Preparation," 3% had had a course in Child Growth and Development.

Examination of the total percentage shows 27% having had a course in Biology, 45% in General Science, 15% in

Child Growth and Development, 6% in Bacteriology, and 2% Other.

Professional Health Education. Table III shows the teachers' backgrounds in "Professional Health Education Courses," which are the teachers' preparation for teaching Health and providing a healthful school environment. The table shows the number of teachers taking each course, at what stage of preparation the course was taken, both the total hours taken by all teachers and the average number of hours per teacher, and the percentage of the total taking the course.

Examination of Table III at the High School level shows none of the teachers taking any of the courses. At the College Undergraduate level, five teachers had a course in School Health Education. The total hours taken were 14, with an average for each of the one hundred teachers of .14 hours. At the Graduate level, one teacher had had a course in School Health Education and one in Methods and Materials in Health Education. In each instance it was a three-hour course. Under "Other Preparation," three teachers had had a course in School Health Education for a total of nine hours, and an average for each of the one hundred teachers of .09 hours.

As stated above, none of these courses were taken at the high school level. College undergraduate level shows

5% taking a course in School Health Education, and 3% Other. At the graduate level, 1% had a course in Methods and Materials in Health Education, and 1% Other. Under "Other Preparation," 3% had a course in School Health Education.

Examination of the total percentage of teachers taking these courses shows 9% taking a course in School Health Education, 0% in Community Health Education, 0% in Organization and Administration of Health, 0% in Current Problems in Health Education, 1% in Methods and Materials in Health Education, and 4% Other.

Safety Education. Table IV shows the teachers' backgrounds in Safety Education, which is related to a healthful school environment. The table shows the total number of teachers taking the course, at what stage of preparation it was taken, both the total hours taken by all teachers and the average hours per teacher, and the total percentage of all teachers taking it.

Examination of Table IV shows none of the teachers taking a course in Safety Education at the High School level. At the College Undergraduate level three teachers had a course in Safety Education. The total number of hours was 7 for an average of .07 for each of the one hundred teachers. Three teachers took Safety Education at the College Graduate level for a total of 9 hours and an average of .09 hours per teacher. Under "Other Preparation," none of the teachers

TABLE IV

SAFETY EDUCATION COURSES TAKEN BY THE ONE HUNDRED TEACHERS
ANSWERING THE QUESTIONNAIRE

	High School			College Undergraduate			College Graduate			Other Preparation			Total %
	No.	Hrs.	Ave.	No.	Hrs.	Ave.	No.	Hrs.	Ave.	No.	Hrs.	Ave.	
Safety Education	0	0	0	3	7	.07	3	3	.09	3	0	0	6

had taken the course.

None of the teachers, as stated above, had had a course in Safety Education in high school. At the college undergraduate level, 3% had had the course. At the college graduate level, also, 3% had taken the course. Under "Other Preparation," we find none of the teachers taking Safety Education.

Background Expected by Parents.

Table V is a compilation of the data gathered from parents. It shows the percentage of parents answering the questionnaire who believe the teacher should have a sound background in each area. In no case did less than 90% of the parents answer in the affirmative.

100% of the parents believe the teacher should have a sound background in Basic Health Knowledge, Personal Hygiene, Knowledge of Local Health Facilities, the Relationship between Health and Physical Exercise, Basic Principles of Child Development, Modern Health Teaching Methods, Provision of a Healthy Classroom Atmosphere, the Provision for Day-to-Day Healthful School Living, and Safety Education. 98.3% believe the teacher should know the Principles of Sanitation. 96.6% believe the teacher should have such a background in Developing Health Attitudes and Quarantine Regulations. 93.3% believe the teacher should be able to

TABLE V
BACKGROUND EXPECTED BY PARENTS
AS EXPRESSED BY THE SIXTY
PARENTS ANSWERING THE
QUESTIONNAIRE

	<u>Yes</u>	<u>No</u>	<u>%</u>
Basic Health Knowledge	60	0	100
Personal Hygiene	60	0	100
Local Health Facilities	60	0	100
Principles of Sanitation	59	1	98.3
Relationship between Physical Exercise and Health	60	0	100
Quarantine Regulations	58	2	96.6
Health Implications of Related Subjects	56	4	93.3
Basic Principles of Child De- velopment	60	0	100
Modern Health Teaching Methods	60	0	100
Principles of Mental Hygiene	59	1	98.3
Developing Health Attitudes	58	2	96.6
Early Symptoms of Illness and Malnutrition	56	4	93.3
Symptoms of Contagious Diseases	54	6	90
Healthy Classroom Atmosphere	60	0	100
Provision of Day-to-Day Healthful School Living	60	0	100
Safety Education	60	0	100



recognize the Early Symptoms of Illness and Malnutrition. 90% believe the teacher should recognize the Early Symptoms of Contagious Diseases.

Comparison of Teachers' Backgrounds with the Backgrounds Expected by Parents.

Table VI is a graph showing the present background of secondary school teachers as shown by the data collected for this study.

Table VII is a graph showing the background which parents expect teachers to possess, as shown by the data collected for this study.

These graphs were drawn for a means of comparison.

In the area of Health Content Courses in Table VI the graph rises above 20% only twice. In the instance of Personal Hygiene this was largely due to a one-hour course in high school, and in the case of First Aid it was almost entirely due to Red Cross courses taken during the war. In comparison, the graph in Table VII never falls below 95% in this area. Thus, there is a large discrepancy between the teachers' backgrounds and those expected by parents, as shown by the data collected.

In the area of Related Health Courses in Table VI the graph rises above 20% only twice, one instance being Biology with 27%, and the other General Science with 45%. In the case of General Science, 40% of the total comes from

1. The first part of the paper is devoted to the study of the

properties of the function $f(x)$ defined by the equation

$$f(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $g(x)$ defined by the equation

$$g(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $h(x)$ defined by the equation

$$h(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $i(x)$ defined by the equation

$$i(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $j(x)$ defined by the equation

$$j(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $k(x)$ defined by the equation

$$k(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $l(x)$ defined by the equation

$$l(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $m(x)$ defined by the equation

$$m(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $n(x)$ defined by the equation

$$n(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $o(x)$ defined by the equation

$$o(x) = \int_0^x \frac{1}{1+t^2} dt$$

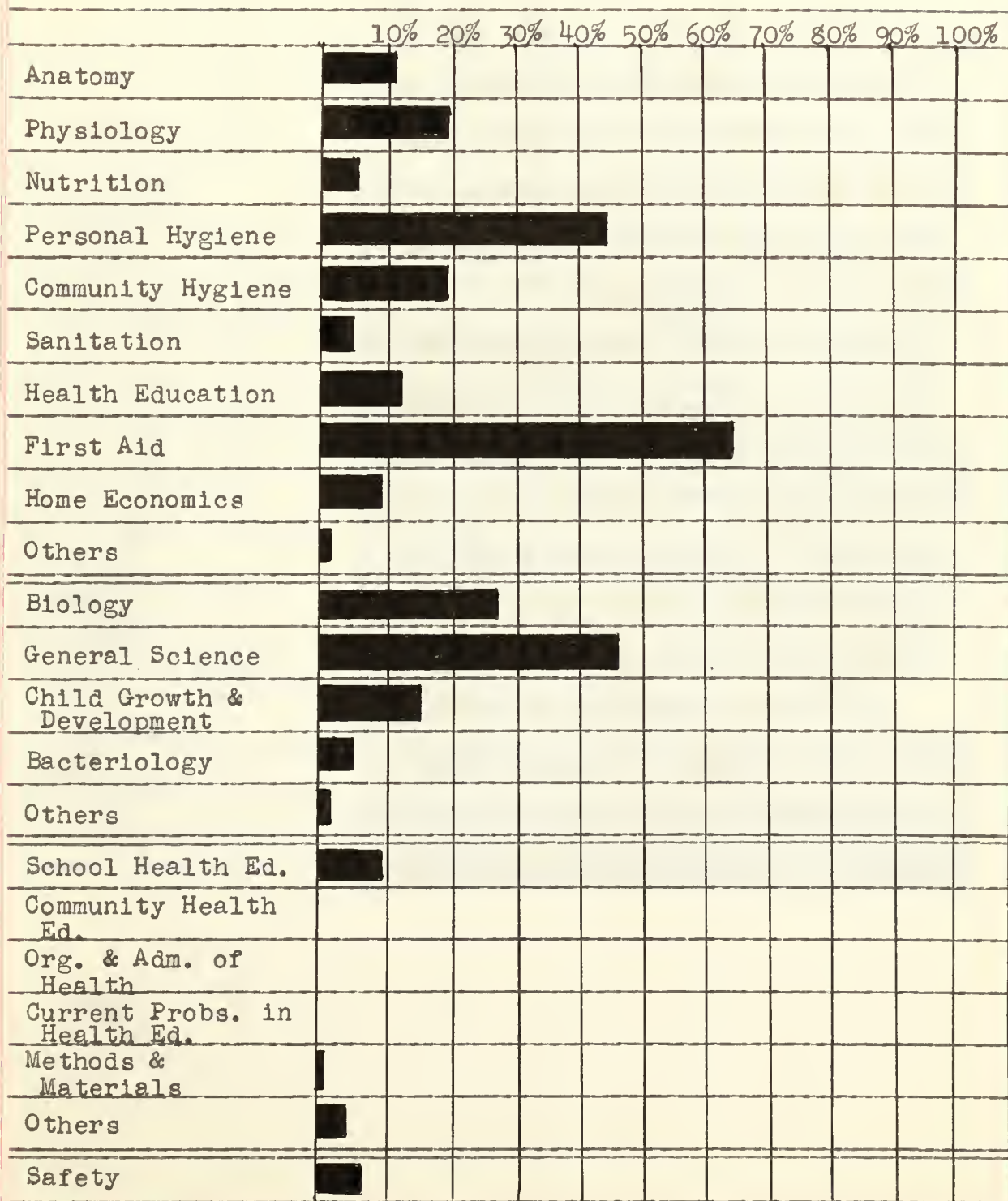
and to the study of the function $p(x)$ defined by the equation

$$p(x) = \int_0^x \frac{1}{1+t^2} dt$$

and to the study of the function $q(x)$ defined by the equation

$$q(x) = \int_0^x \frac{1}{1+t^2} dt$$

TABLE VI
GRAPH OF PRESENT HEALTH BACKGROUND
OF SECONDARY SCHOOL TEACHERS



a one-hour-per-week high school course. In defining Related Health Courses it was explained that these courses have Health implications only if such implications are pointed out. In comparison, the graph in Table VII is entirely above 90%. Again, there is a large discrepancy between the teachers' backgrounds and those expected by parents, as shown by the data, especially in the area of Child Growth and Development. 15% of the teachers had taken this course, while 100% of the parents expected them to have taken it.

In the area of Professional Health Courses in Table VI the graph at no time rises above 10%. Community Health Education, Organization and Administration of Health Education, and Current Problems in Health Education show a complete lack of preparation. In comparison, the graph in Table VII at no time falls below 90%. Thus, in this area there is an even wider discrepancy in the backgrounds of the teachers and those expected by parents. While 100% of the parents expect the teacher to be familiar with Modern Methods of Teaching Health, only 1% of the teachers have taken such a course.

In the area of Safety Education the graph in Table VI reaches only 6%. In comparison, the graph in Table VII shows that 100% of the parents expect the teacher to have such preparation. Hence, the teachers' backgrounds fail to measure up to parents' expectations, as shown by the data collected.

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions.

From the statistics gathered from this study it is concluded that:

1. Secondary school teachers have a very poor background in Health and Health Education. This is especially true when so few schools have a Health Specialist on their faculty, and the teacher must assume the responsibility if anything at all is to be done along these lines.
2. Parents assume that the teachers have a very extensive background in Health Education.
3. Parents expect the teacher to be fully qualified to deal with the day-to-day healthful school living of children.
4. The background of secondary school teachers is entirely inadequate, as shown by comparison of their present backgrounds and the backgrounds expected by parents.
5. A majority of our college graduates lack the background to deal with their own personal health, when one considers that the large

Introduction

1. The purpose of this document

2. Scope

The purpose of this document is to provide a comprehensive overview of the project's objectives, scope, and deliverables.

The scope of the project is defined by the following criteria:

- The project will focus on the development of a new software application.
- The application will be designed to meet the needs of the organization's customers.
- The project will be completed within a specified timeline and budget.
- The project will involve the participation of a cross-functional team.

- The project will be managed using a structured approach.
- The project will be subject to regular communication and reporting.
- The project will be subject to a final review and evaluation.
- The project will be subject to a post-project review.

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The project will be managed using a structured approach.

The project will be subject to regular communication and reporting.

The project will be subject to a final review and evaluation.

The project will be subject to a post-project review.

The project will be subject to a final review and evaluation.

majority of experts feel that knowledge is basic to habit and behavior. When they become classroom teachers, they are even less qualified because they have the in-school healthful living of the pupils as a responsibility.

Recommendations.

1. A minimum of basic health essentials for all college students.
2. This, plus a minimum of professional health essentials for all future teachers regardless of their major fields.
3. Larger emphasis by school systems on in-service training of teaching staffs.

Recommended Future Study.

A study of the backgrounds of secondary school teachers who are graduates of teachers' colleges.

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APPENDIX

CHECK LIST (For Teacher Interview)

School: Jr. High: Sr. High:

Subject:

Degrees: College Undergraduate Graduate

Year of Degree: College Undergraduate Graduate

<u>High School</u>		<u>Undergraduate</u>		<u>Graduate</u>		<u>Other</u>	
Yes	Hrs	Yes	Hrs	Yes	Hrs	Yes	Hrs

Basic Health Content Courses

Health Courses

- Anatomy
- Physiology
- Nutrition
- Personal Hygiene
- Community Hygiene
- Sanitation
- Health Education
- First Aid
- Home Economics

Others

Related Health Courses

Biology
General Science
Child Growth &
Development
Bacteriology

Others

Professional Health
Courses

School Health Ed.
Comm. Health Ed.
Org. & Adm. of Health
Current Problems
Methods & Materials
in Health Ed.

Others

Safety Education

CHECK LIST FOR PARENTS

Name _____ Address _____

Occupation _____ No. of Children in School _____

Please answer the following questions by a yes if you believe a teacher should have such qualifications and by a no if you don't believe the teacher should.

- _____ 1. Should a teacher have a sound background in basic health knowledge?
- _____ 2. Should a teacher be familiar with the modern methods of teaching health?
- _____ 3. Should a teacher be able to recognize the symptoms of contagious diseases?
- _____ 4. Should a teacher be familiar with the local laws for quarantine of contagious diseases?
- _____ 5. Should the teacher have a sound background in personal hygiene?
- _____ 6. Should a teacher be familiar with the health implications of such subjects as Biology, General Science, etc.?
- _____ 7. Should a teacher have a background in the basic principles of child development?
- _____ 8. Should a teacher understand the principles which create a healthy atmosphere in the school-room?
- _____ 9. Should the teacher know the early symptoms of illness and nutritional deficiencies?
- _____ 10. Should a teacher understand the basic principles for developing proper attitudes toward eating, sleeping and other physical habits?
- _____ 11. Should a teacher be familiar with the health facilities available in the community?
- _____ 12. Should a teacher be familiar with the basic principles of public sanitation?

CHECK LIST FOR PARENTS
(Cont'd)

- _____ 13. Should a teacher be familiar with the basic principles of mental hygiene?
- _____ 14. Should a teacher understand the relationship between physical exercise and health?
- _____ 15. Should a teacher understand the basic principles of day-to-day healthful school living of children?
- _____ 16. Should a teacher have a sound background in Safety Education?

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